

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

38916

PLACE OF DEATH

County VernonRegistration District No. 975

Township

Primary Registration District No. 3039City Nevada (No. 2)

File No.

Registered No. 250

St. _____ Ward)

2. FULL NAME Anna Francis Johnson(a) Residence, No. _____
(Usual place of abode)

St. _____

Ward. _____

Hollywood, California

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs. _____

mos. _____

ds. _____

How long in U. S., if of foreign birth?

yrs. _____

mos. _____

ds. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female4. COLOR OR RACE White5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word) Married5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF C. H. Johnson6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 10 - 1898

7. AGE

YEARS 55MONTHS 3DAYS 2IF LESS than 1
day, _____ hrs.
or _____ min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. Housekeeper9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation =12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

FATHER

13. NAME Richard Willoughby14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Richmond

MOTHER

15. MAIDEN NAME Phelora Ellis16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Virginia17. INFORMANT
(ADDRESS) J. W. Johnson
Hollywood California

18. BURIAL, CREMATION, OR REMOVAL

PLACE Hollywood Cal DATE Nov. 16 193319. UNDERTAKER
(ADDRESS) Allen O. Hays
Nevada Mo.20. FILED 11-24 1933 E. Q. King

Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/12 193322. I HEREBY CERTIFY, That I attended deceased from
11/4 1933, to 11/12 1933.I last saw h. 90 alive on 11/12 1933. Death is said
to have occurred on the date stated above, at 1:30 a.m.

The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia
Both Lungs
181
107A

Date of onset

Other contributory causes of importance:

Gas Explosion from Gas Stove
Causing Extensive Burns
over body

17

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?

Date of injury _____ 19____

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury HomeNature of injury Burns from Gas Explosion24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) J. M. Yates(Address) Nevada Mo.

, M. D.

